

correlations of 0.41 for FC and 0.42 for RI) were good to excellent. The three scores were predictive of the unwillingness to be treated with insulin and to step up insulin treatment (AUC ranging from 0.65 to 0.87). The AM score was predictive of the switch to an insulin treatment and increased numbers of injections at the end of baseline visit (AUC of 0.80 and 0.66). **CONCLUSION:** The questionnaires are reliable, valid and a help for physicians in assessing the hurdles faced by diabetic patients starting or stepping up insulin treatments.

PDB38

ADHERENCE TO STATIN TREATMENT IN PEOPLE WITH TYPE 1 AND TYPE 2 DIABETES

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OBJECTIVES: To evaluate the patterns and predictors of adherence to statin therapy in all patients with diabetes in the community. **METHODS:** We retrospectively studied patients with type 1 and type 2 diabetes who were resident in Tayside, Scotland from 1st January 1993 to 31st May 2003, with at least 6 months of prescriptions of statins. The main outcome measure was an adherence index. The influence of several covariates including age, sex, duration of diabetes, adherence to diabetes medication and co-morbidities were also assessed. **RESULTS:** A total of 5010 patients were included in the study: 4816 with type 2 diabetes and 194 with type 1 diabetes. Median statin adherence was 75% and 77% in type 1 and 2 diabetes respectively, with a similar distribution in both groups. There were 35% of type 1's and 42% of type 2's with adequate adherence ($\geq 80\%$). Predictors of adequate adherence in type 2 diabetes were being older, being an ex-smoker compared to never having smoked, better adherence to diabetic medication, a lower HbA1c level, shorter duration of statin therapy, a history of coronary heart disease, a history of stroke and being prescribed concurrent medication for cardiovascular disease. Conversely, patients prescribed concurrent asthma medication were less adherent to their statin medication. In type 1 diabetes significant predictors were better adherence to diabetic medication, a lower HbA1c level, being female and being prescribed concurrent medication for cardiovascular disease. **CONCLUSIONS:** Approximately 65% of type 1 patients and 58% of type 2 patient collected less than 80% of their medically recommended dose of statins. Given the increased risk of coronary heart disease facing patients with diabetes this poor adherence could have significant health implications.

PDB39

THE IMPACT ON QUALITY OF LIFE BY CONVERTING THE TREATMENT OF TYPE 2 DIABETIC PATIENTS FROM CONVENTIONAL INSULIN REGIMENT TO ORAL TREATMENT WITH PIOGLITAZONE

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OBJECTIVES: Conversion of type 2 diabetic patients previously treated with a conventional insulin regiment treatment to a combined oral treatment with pioglitazone and glimepiride has been shown to improve resistance and not to result in an overall deterioration of metabolic control. Thus this study was performed to evaluate the impact of this conversion on patients' quality of life. **METHODS:** A sample of 116 type 2 diabetic patients (73 men, 43 women; age (mean \pm SD) 59.43 \pm 9.3 years) were converted as aforementioned. Quality of life was measured by using the EQ-5D questionnaire (consisting of a five-question-survey and the Visual Analogue Scale) and the disease-specific QSD-R

questionnaire, both at baseline and after six months. Based on statistical analyses (descriptive statistics, paired t-test, multivariate linear regression model) factors influencing quality of life scores were identified. **RESULTS:** Overall high quality of life levels at baseline as well as after six month were measured. Despite these positive results both questionnaires identified problems in the dimensions "pain/ discomfort"/ "physical complaints" and "anxiety/ depression". The mean EQ-5D index score (based on German societal perspective) increased from 84.82 to 85.66 ($p = 0.660$), whereas the mean EQ-VAS score (patient perspective) increased from 70.72 to 72.88 ($p = 0.235$). Mean QSD-R score improved from a global stress score of 0.76 at baseline to 0.70 six months later ($p = 0.223$). Research results presented improvements in all dimensions measured. Multiple regression analysis as well as a subgroup-analysis demonstrated that a decreasing BMI, a lower duration of disease and male gender have a positive effect on quality of life. **CONCLUSIONS:** The mean quality of life scores did not change significantly. The conversion from insulin to a combined oral treatment with pioglitazone and glimepiride is possible without deterioration of health related quality of life.

PDB40

HEALTH-RELATED QUALITY OF LIFE OF TYPE 2 DIABETICS IN GERMAN PRIMARY CARE: RESULTS OF THE DETECT STUDY

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OBJECTIVES: To describe the health-related quality of life (QoL) of type 2 diabetics by age group, duration of disease, comorbidities and complications, therapeutic interventions and HbA1c status. **METHODS:** DETECT ("Diabetes Cardiovascular Risk-Evaluation: Targets and Essential Data for Commitment of Treatment"; <http://www.detect-studie.de>) is a large-scale, nationally representative, cross-sectional clinical-epidemiological study with a prospective-longitudinal component in primary care. Based on a randomised sample of 3188 physicians, the health state of 55,519 patients was assessed in a standardised way in 2003. Frequency of problems in the EQ-5D items mobility, self-care, usual activities, pain/discomfort and anxiety/depression as well as the additive total score were analysed in $n = 6558$ type 2 diabetics. **RESULTS:** The most frequent QoL restrictions were in the domains of pain/discomfort (74.1%) and mobility (44.3%) followed by daily activities (34.1%), anxiety/depression (31.4%) and self-care (17.2%). The mean additive total score was 68.1. That was, after adjustment for age and gender, significantly lower than in nondiabetics (72.4) or in healthy attendees (81.7). Overall and in each QoL domain, problems increased if micro- and macrovascular disease was present, and with the age of patients or duration of diabetes respectively. There were no significant differences between patients with or without therapy (diet, exercise and oral antidiabetics). However, patients with insulin and combined therapy had considerably lower QoL scores, even after adjustment for age, gender, duration of diabetes and presence of micro- and macro-vascular disease. HbA1c adjustment had only small effects on the EQ-5D dimensions. Compared to patients with optimal HbA1c values ($<6\%$), poorly adjusted patients (HbA1c $> 8\%$) reported significantly more problems at the dimensions mobility and self-care. **CONCLUSIONS:** Our data provide, in unprecedented detail, the health related QoL of type 2 diabetics in German primary care, highlighting the association of insulin and combined treatments with reduced QoL.